

FLUSHING OFFICE CONSTRUCTION BEGUN

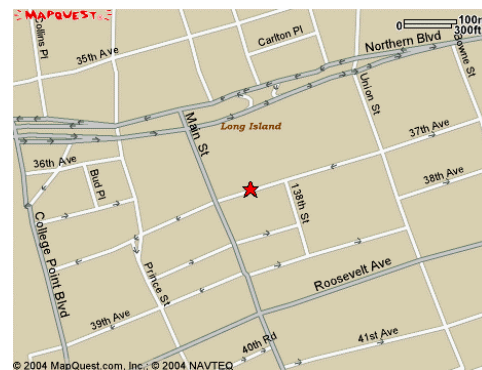
On April 1st, Main Street Radiology began construction at the site of our future downtown Flushing office at 136-25 37th Avenue. The new site is located 2 blocks from the train station and next to the municipal parking lot. The completion of construction is scheduled for July 2005.

We are planning to open a comprehensive state-of-the-art imaging center, with the most sophisticated equipment and services, matched by only a few other facilities in the United States. Our 100% digital department will provide MRI/MRA, CT, Nuclear Medicine, Nuclear Cardiology, X-ray,

Fluoroscopy, Mammography, and DEXA services to the community.

The new Flushing office will be networked with our two existing Bayside offices, effectively creating a single entity sharing all information. A Radiologist will be able to instantly retrieve any study performed at any of the offices, as well as view prior studies. This will enable us to continue to provide specialized services, where studies are interpreted by different Radiologists according to their area of expertise. In addition, all information regarding a patient may be obtained by calling a single centralized number.

We look forward to our continued expansion and the opportunity to better serve our patients and referring physicians of Flushing



New Flushing Office
(136-25 37th Ave)

DR CARL PRESENTS 3D SOFTWARE AT NATIONAL MEETING

Lawrence Carl, M.D., Attending Radiologist and Chief Technical and Information Officer for Main Street Radiology (MSR), demonstrated the latest and most sophisticated 3D software at the Society of Computed Tomography and Magnetic Resonance (SCBT-MR) on March 21-24. Dr. Carl was responsible for instituting the 3D imaging program at MSR in 2003.

SCBT-MR, a major international radiological organization, hosts annual meetings with one of the highlights being a 3D workstation "Face-Off", where the five largest vendors (TeraRecon, GE, Siemens, Philips, and Vital Images) presented live demonstrations of their software.

At the 2005 SCBT-MR meeting, each workstation vendor was represented by a practicing radiologist with no

financial interest in the company. Dr. Carl represented TeraRecon, the 3D software system at MSR. Other vendors were represented by world famous radiologists, including Elliot Fishman M.D. of Johns Hopkins.

Each radiologist had to load the same four cases onto the 3D workstations, edit the images, and demonstrate the pathology to an audience of more than 500 physicians. The four cases were virtual colonoscopy, abdominal CTA for surgical planning, MRA of abdomen/lower extremities, and complex pelvic fracture. Each vendor was then rated by the audience using an automated response system. Of the 5 presentations, Dr. Carl and TeraRecon scored the highest.

The success of Dr. Carl at the SCBT-MR, confirmed our belief that MSR

has the best 3D software commercially available. Under the leadership of Dr. Carl, the radiologists at MSR have been able to successfully implement 3D imaging into clinical practice. Dr. Carl has been named "power-user" by TeraRecon, ensuring that MSR will receive the latest 3D software and training available.



Lawrence Carl, M.D.

CASE OF THE MONTH

HEAD AND NECK CANCER

History: 58 year old male with malignant right neck mass was referred to Main Street Radiology for pre-operative staging PET scan.

Findings: Initial staging PET scan (Figure 1) demonstrated focal increased metabolic activity in the lower right neck (arrow) consistent with neoplasm.

A 6 month post-operative CT of the neck with contrast (Figure 2) demonstrated soft tissue encasement of right neck vessels in the region of the resected tumor (arrows), consistent with residual tumor vs. post-surgical and post-radiation scarring.

Repeat PET scan (Figure 3) did not demonstrate focal increased metabolic activity in this region and thus the CT

findings were consistent with benign scarring after therapy.

Discussion: PET imaging provides a very useful non-invasive method to evaluate the post-operative bed in patients with head and neck cancer.

A prospective study was performed in which 36 patients with head and neck cancer suspected of having recurrence underwent both either CT or MRI, as well as a PET scan, within 2 weeks of each other, on average at 4 months after initial therapy. Compared to the gold standard of diagnosis at histology, the sensitivity/specificity/positive predictive value/negative predictive value for the presence of malignancy was 88%/78%/70%/91% for PET vs. 75%/30%/39%/67% for CT/MRI

[European Journal of Nuclear Medicine 2004 31:590-595].

Thus the main usefulness of PET compared to CT/MRI in restaging patients with head and neck cancer is in helping to exclude residual tumor as a cause for a residual mass seen on CT/MRI.

Head and neck cancer is one of many oncological indications for PET approved by Medicare and most insurance companies. Radiologists at Main Street Radiology have been interpreting PET scans at our facility since 2002, when we installed the 1st PET scanner in Queens.

(Case prepared by Jac D. Scheiner, M.D.)

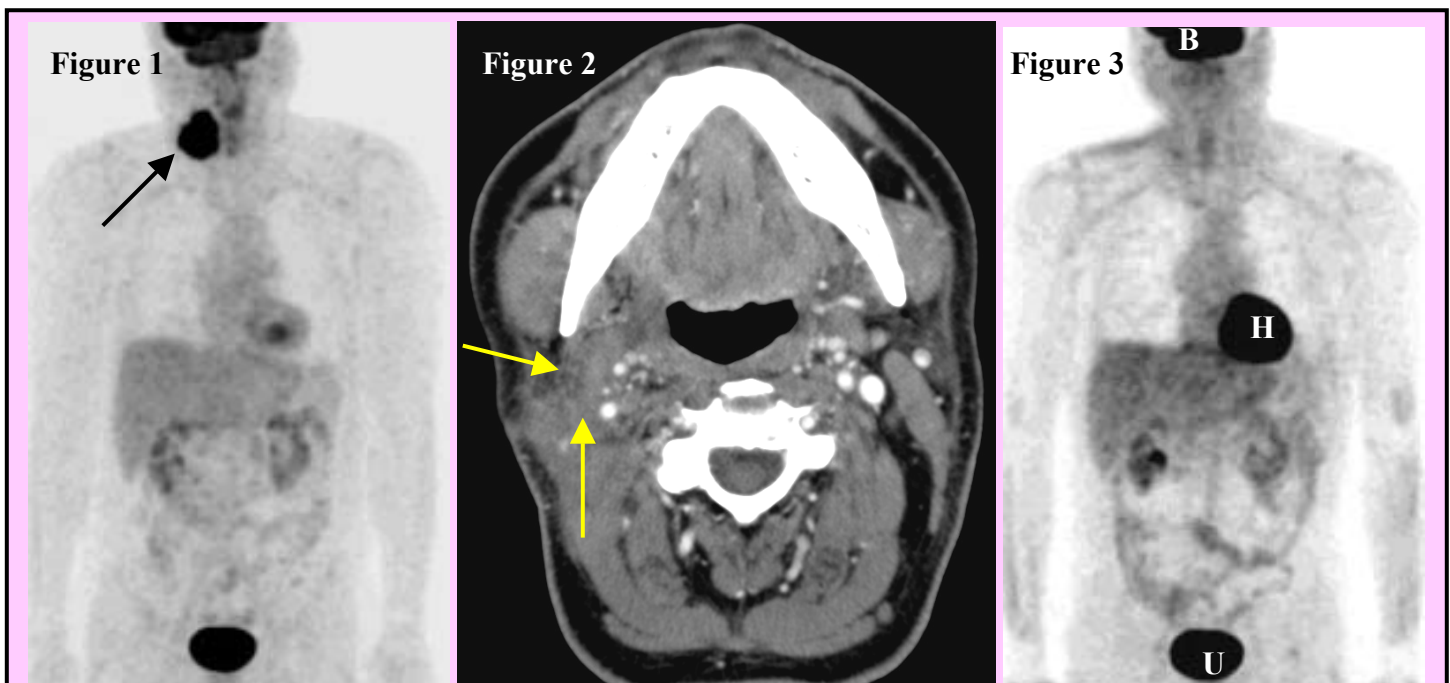


Figure 1: Pre-operative PET scan shows right neck mass (arrow) **Figure 2:** Post-contrast post-operative neck CT shows soft tissue prominence at the surgical site (arrows) **Figure 3:** Post-operative PET scan shows no abnormal activity at the surgical site (Normal physiological activity is seen in the brain [B], heart [H], and urinary bladder [U])

